



## Positive

Love

Worthy

Abundant



Peace



Happy

Joy



Appreciation

Ease

Trust



Be

## Negative



Anger-Hatred



Unworthy



Lack - Struggle

Stress



Sad-Depressed

Guilt-Judge

Doubt-Fear



Gossip



Worry

Busy-Doing

Name: \_\_\_\_\_

Weight: \_\_\_\_\_ Body Fat %: \_\_\_\_\_

Date: \_\_\_\_\_ Goal: \_\_\_\_\_

Follow Up Appointment #1: \_\_\_\_\_

Follow Up Appointment #2: \_\_\_\_\_

Follow Up Appointment #3: \_\_\_\_\_

## Protein One Serving Size: Flat Hand

- Chicken Breast
- Turkey Breast
- Ground Turkey
- Tilapia
- Salmon
- Tuna/Ahi Tuna
- Lean Ground Beef
- Filet Mignon
- Tri-tip Steak
- Top Round Steak
- Cottage Cheese
- Egg Whites
- Greek Yogurt
- Boca Meat substitute

## Carbs One Serving Size: Clenched Fist

- Brown Rice
- Sweet Potato
- Whole Wheat Pasta
- Sprouted Grain Bread
- Cream of Wheat
- Low Sugar Granola
- Quinoa
- Yams
- Oatmeal
- Red Potato
- Beans
- Whole Grain Tortilla

## Veggies One Serving Size: Unlimited

- Artichoke
  - Squash
  - Romaine Lettuce
  - Broccoli
  - Cauliflower
  - Cucumber
  - Celery
  - Green Beans
  - Green Peppers
  - Asparagus
  - Spinach
  - Zucchini
  - Kale
- (No Corn or Carrots)**

## Recommended Healthy Fats

Avocado ▪ Fish Oil ▪ Olive Oil ▪ Coconut Oil  
Unsalted Nuts ▪ Natural Peanut Butter ▪ Almond Butter

## Recommended Condiments

Spray butter ▪ PAM ▪ Mrs. Dash ▪ Garlic powder  
Red/Black pepper ▪ Sea salt  
Low-Sugar BBQ sauce ▪ Low-Sodium Soy sauce  
Balsamic Vinaigrette ▪ Smart Beat mayo  
Mustard ▪ Splenda ▪ Stevia

**There may be more, consult us with any questions!**

\*This information is not intended as a substitute for individual, professional advice or medical advice in diagnosing, treating or curing a health issue or disease. Please consult your doctor, health care provider, or other health care professional including a certified nutritionist before beginning a new diet, exercise or supplement regimen, especially if you have a pre-existing medical condition.

Time: \_\_\_\_\_ Meal 1

Supplements:

Time: \_\_\_\_\_ Meal 2

Supplements:

Time: \_\_\_\_\_ Meal 3

Supplements:

Time: \_\_\_\_\_ Meal 4

Supplements:

Time: \_\_\_\_\_ Meal 5

Supplements:

Time: \_\_\_\_\_ Meal 6

Supplements:

**Pre-Workout:**

**Intra-Workout:**

**Post-Workout:**